

## **Application for Citizens Academy 2016**

Full Name	
Mailing Address	ZIP Code
Physical Address	ZIP Code
Email Address	Primary Phone
	of a City of Sedona Board, Commission, Committee, Yes Which one(s)
Briefly discuss what you hope to learn as a participant in the Citizens Academy and how you plan to use the information.	
How long have you been a City of Sedona resident?	
How did you hear about the Citizens Academy?	
What is your occupation and/or background?	
	e held on Thursday evenings, March 24 through May 30 p.m. Will you be able to attend all 7 classes?
•	cate presented by City Council on May 10 for etion of Academy requires attendance of 5 classes)
Please return by <b>Friday</b> , <b>February 19</b> , <b>2016</b> to Ginger Graham via email at <a href="mailto:ggraham@SedonaAZ.gov">ggraham@SedonaAZ.gov</a> or mail to:	

City of Sedona Ginger Graham Communications and Public Affairs Manager 102 Roadrunner Drive

Sedona, AZ 86336